

PTO/SB/30 (08-00) Approved for use through 10/31/2002. OMB 0631-0031

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## **REQUEST FOR**

## CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).

| Application Number        | 10/705,459        |
|---------------------------|-------------------|
| Filing Date               | November 12, 2003 |
| Examiner Name             | Dibrino, Marianne |
| First Named Inventor      | Eilon BARNEA      |
| Group Art Unit            | 1644              |
| Attorney Docket<br>Number | 26884             |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filling a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which

| established RCE practic   | æ   |   |  |  |   |                                    |  |  |
|---|---|---|--|--|---|------------------------------------|--|--|
| 1. Submission required under 37 C.F.R. § 1.114  |   |   |  |  |   |                                    |  |  |
| a. □ Previously submitted   |   |   |  |  |   |                                    |  |  |
| i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on  |   |   |  |  |   |                                    |  |  |
| (Any unentered amendment(s) referred to above will be entered).  ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on                                   |   |   |  |  |   |                                    |  |  |
| b. Senciosed  |   |   |  |  |   |                                    |  |  |
| i. 🗵 Amendment/Reply  |   |   |  |  |   |                                    |  |  |
| ii.   Affidavit(s)/Declaration(s)   |   |   |  |  |   |                                    |  |  |
| iii. 🛘 Information Disclosure Statement (IDS)   |   |   |  |  |   |                                    |  |  |
| iv. 🗆 Other   |   |   |  |  |   |                                    |  |  |
|   | Miscellaneous     a. □ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) |   |  |  |   |                                    |  |  |
| a. ☐ Suspens  | sion of action on   | the above-ide   | ntified application  | n is reques  | stea unaer 37 C.F.R. §  | 1.103(C)                           |  |  |
|   | of months   | . (Period of suspe  | ension shall not exce  | ed 3 months: I   | Fee under 37 C.F.R. § 1.17(i  | ) required)                        |  |  |
|   |   |   |  |  | ,   |                                    |  |  |
| _   | he RCE fee under 37   |   | in marriand by 27 C E  | <br>:D 6 1 114 w   | non the DCE is filed  |                                    |  |  |
|   |   |   |  |  | 9 and 37 CFR 1.27   | ,                                  |  |  |
| E Applicant is c  | intitied to Sin   | an Entity S   | latus unuci 5  | / CPR 1.   | Janus / CIR 1.2   |                                    |  |  |
|   |   |   |  |  |   |                                    |  |  |
| For:  | Claims after  | Highest   | SMALL E  |  | OTHER THAN A S  |                                    |  |  |
|   | Amendment   | Claims  | RATE   | FEE  | RATE  | FEE                                |  |  |
|   |   | Proviously  |  |  |   |                                    |  |  |
|   |   | Previously<br>Paid  |  |  |   |                                    |  |  |
| Request for   |   |   | 1  | \$ 405   |   | \$                                 |  |  |
| Continued   |   |   | 1  | \$ 405   |   | \$                                 |  |  |
| Continued<br>Examination (RCE)  |   |   |  |  |   |                                    |  |  |
| Continued Examination (RCE) Multiple Dependent  |   |   | 1<br>0 x \$ 195  | \$ 405<br>\$ 0   |   | s<br>s                             |  |  |
| Continued Examination (RCE) Multiple Dependent Claims   |   | Paid  | 0 x \$ 195   | \$ 0   |   | s                                  |  |  |
| Continued Examination (RCE) Multiple Dependent  | 2   |   |  |  |   |                                    |  |  |
| Continued Examination (RCE) Multiple Dependent Claims   |   | Paid  | 0 x \$ 195   | \$ 0   |   | s                                  |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims* Independent Claims*   | 2   | Paid 71 17  | 0 x \$ 195<br>0 x \$ 26<br>0 x \$110   | \$ 0<br>\$ 0<br>\$ 0   |   | \$                                 |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in   | 2   | Paid 71 17  | 0 x \$ 195<br>0 x \$ 26  | \$ 0<br>\$ 0   | TOTAL   | \$                                 |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  | 2<br>2<br>Column 1 is less th   | Paid 71 17 nan "0", enter                                 | 0 x \$ 195<br>0 x \$ 26<br>0 x \$110<br>TOTAL  | \$0<br>\$0<br>\$0<br>\$405.  |   | \$<br>\$<br>\$                     |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  The Commission                                    | 2 2 Column 1 is less the  | Paid 71 17 nan "0", enter                                 | 0 x \$ 195<br>0 x \$ 26<br>0 x \$110<br>TOTAL<br>to charge \$40  | \$ 0<br>\$ 0<br>\$ 0<br>\$ 405.  | fees to Deposit Acc   | \$ \$ \$ \$ \$ ount No. 50-        |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever                  | 2 2 Column 1 is less the column 1 additional for  | Paid 71 17 nan "0", enter y authorized                    | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please cl  | \$ 0<br>\$ 0<br>\$ 0<br>\$405.   | fees to Deposit Acc<br>se additional fees to                                      | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever                  | Column 1 is less the coner is hereby additional for 407. In the even  | 71 17 an "0", enter authorized ess are requirent of overp | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please cloayment, plea                                 | \$ 0<br>\$ 0<br>\$ 0<br>\$405.<br>05 filing narge these credit!  | fees to Deposit Acc<br>se additional fees to<br>Deposit Account No                | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever Account No. 50-1 | 2 Column 1 is less the coner is hereby an additional for 1407. In the even signature of 1407 is the control of 1407.    | 71 17 an "0", enter authorized ees are requirent of overp | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please clayment, plea                                  | \$0<br>\$0<br>\$405.<br>05 filing narge these credit I   | fees to Deposit Acc<br>se additional fees to<br>Deposit Account No<br>NT REQUIRED | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever Account No. 50-1 | Column 1 is less the coner is hereby additional for 407. In the even  | 71 17 an "0", enter authorized ees are requirent of overp | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please clayment, please clayment, Please CANT, ATTORNE | \$ 0<br>\$ 0<br>\$ 0<br>\$405.<br>05 filing<br>parge these credit I<br>Y, OR AGEN                        | fees to Deposit Acc<br>se additional fees to<br>Deposit Account No                | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever Account No. 50-1 | 2 Column 1 is less the coner is hereby an additional for 1407. In the even signature of 1407 is the control of 1407.    | 71 17 an "0", enter authorized ees are requirent of overp | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please clayment, please clayment, Please CANT, ATTORNE | \$0<br>\$0<br>\$405.<br>05 filing narge these credit I   | fees to Deposit Acc<br>se additional fees to<br>Deposit Account No<br>NT REQUIRED | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |
| Continued Examination (RCE) Multiple Dependent Claims Total Claims*  Independent Claims*  * (If the difference in "0" in Column 2)  E The Commissi 1407. In the ever Account No. 50-1 | 2 Column 1 is less the coner is hereby an additional for 1407. In the even signature of 1407 is the control of 1407.    | 71 17 an "0", enter authorized ees are requirent of overp | 0 x \$ 195  0 x \$ 26  0 x \$110  TOTAL  to charge \$40 ired, please clayment, please clayment, Please CANT, ATTORNE | \$ 0<br>\$ 0<br>\$ 0<br>\$ 405.<br>05 filing narge these credit I<br>Y, OR AGEN<br>ation No.<br>by/Agent | fees to Deposit Acc<br>se additional fees to<br>Deposit Account No<br>NT REQUIRED | \$ \$ \$ \$ \$ ount No. 50-Deposit |  |  |